



CITY OF LODI

COUNCIL COMMUNICATION

AGENDA TITLE: Communications (June 11, 1992 through June 23, 1992)

MEETING DATE: July 1, 1992

PREPARED BY: City Clerk

RECOMMENDED ACTION:

AGENDA ITEM

RECOMMENDATION

No action required - information only.

BACKGROUND INFORMATION:

A copy of application for Alcoholic Beverage License have been received from the State of California Department of Alcoholic Beverage Control for the following:

- a) Murillo, Graciela/Rafael, La Perla Mexican Store, 316 East Lodi Avenue, Lodi, Off Sale Beer and Wine, Original License

316 East Lodi Avenue, Lodi is in a C-2, General Commercial zone. This is an appropriate zoning for this type of Alcoholic Beverage Control license.

FUNDING: None required.


Alice M. Reimche
City Clerk

AMR/jmp

COUNCOM8/TXTA.02J/COUNCOM

APPROVED: _____

THOMAS A. PETERSON



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APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE(S)

To: Department of Alcoholic Beverage Control

1901 Broadway
Sacramento, Calif. 95818

Stockton

(DISTRICT SERVING LOCATION)

The undersigned hereby applies for
licenses described as follows:**2. NAME(S) OF APPLICANT(S)**

MURILLO, Graciela/Rafael

1. TYPE(S) OF LICENSE(S)

OFF SALE BEER AND WINE

FILE NO.**RECEIPT NO.****GEOGRAPHICAL
CODE** 3902**Date
Issued****Temp. Permit**Applied under Sec. 24044 ☐

Effective Date: ISS.

Effective Date:

3. TYPE(S) OF TRANSACTION(S)**FEE****LK.
TYPE**

ORIGINAL

\$ 100.00

20

Annual Fee

34.00

4. Name of Business

La Perla Mexican Store

5. Location of Business—Number and Street

316 E. Lodi Ave.

City and Zip Code

Lodi 95240

County

San Joaquin

TOTAL

\$ 134.00

**6. If Premises Licensed,
Show Type of License****7. Are Premises Inside
City Limits?**

Yes

8. Mailing Address (if different from 5)—Number and Street

SAME

(Temp) (Perm)
Perm**9. Have you ever been convicted of a felony?**

NO

**10. Have you ever violated any of the provisions of the Alcoholic
Beverage Control Act or regulations of the Department per-
taining to the Act?**

NO

11. Explain a "YES" answer to items 9 or 10 on an attachment which shall be deemed part of this application.

12. Applicant agrees (a) that any manager employed in an sole licensed premises will have all the qualifications of a licensee, and
(b) that he will not violate or cause or permit to be violated any of the provisions of the Alcoholic Beverage Control Act.**13. STATE OF CALIFORNIA**

County of San Joaquin

Date 6-12-92

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is the applicant, or one of the applicants, or an executive officer of the applicant corporation, named in the foregoing application, duly authorized to make this application on its behalf; (2) that he has read the foregoing application and knows the contents thereof and that each and all of the statements therein made are true; (3) that no person other than the applicant or applicants has any direct or indirect interest in the applicant's or applicants' business to be conducted under the license(s) for which this application is made; (4) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety (90) days preceding the day on which the transfer application is filed with the Department or to gain or establish a preference to or for an creditor of transferor or to defraud or injure any creditor of transferor; (5) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

**14. APPLICANT
SIGN HERE****APPLICATION BY TRANSFEROR****15. STATE OF CALIFORNIA**

County of _____ Date _____

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is the licensee, or an executive officer of the corporate licensee, named in the foregoing transfer application, duly authorized to make this transfer application on its behalf; (2) that he hereby makes application to surrender named in the attached license(s) described below and to transfer same to the applicant and/or location indicated on the upper portion of this application form. If such transfer is approved by the Director; (3) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety days preceding the day on which the transfer application is filed with the Department or to gain or establish a preference to or for any creditor of transferor or to defraud or injure any creditor of transferor; (4) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

16. Name(s) of Licensee(s)**17. Signature(s) of Licensee(s)****18. License Number(s)****19. Location**

Number and Street

City and Zip Code

County

Do Not Write Below This Line; For Department Use Only

Attached: ☐ Recorded notice,
☐ Fiduciary papers,
☐ _____

COPIES MAILED 6-12-92

☐ Renewal: Fee of _____

Paid at _____

Office on _____

Receipt No. _____

DB 93451